

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41053

State File No.

DEC 6 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3081

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>GLENDALE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GLENDALE</u>	
c. LENGTH OF STAY (In this place) <u>31 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>801 W. LOCKWOOD AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 W. LOCKWOOD AVE</u>		e. STREET ADDRESS (If rural, give location) <u>801 W. LOCKWOOD AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>VALDEMAR</u> c. (Last) <u>HANSEN, JR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 28 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 16, 1870</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CIVIL ENGINEER</u>	11. BIRTHPLACE (State or foreign country) <u>SKOTTERUP DENMARK</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>FOR THE GOVERNMENT</u>	

13a. FATHER'S NAME <u>JENS CARL HANSEN</u>	13b. MOTHER'S MAIDEN NAME <u>SOPHIA RASMUSSEN</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA S. COLLINS HANSEN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CARL V. HANSEN JR. 803 W. LOCKWOOD AVE</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> years DUE TO (c) <u>4200</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1941, to Nov. 28, 1952, that I last saw the deceased alive on Nov. 28, 1952, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>204 E. Big Bend</u>	23c. DATE SIGNED <u>11-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-1-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>73 W. LOCKWOOD AVE WEB. GROVES MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 24 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

..... Student Embalmer No.....

..... Licensed Embalmer No. 2971

..... P. O. Address.....

Note: . The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.